Form 110 05/01/2002 f110\_po.dot

## VIRGINIA DEPARTMENT OF FORESTRY INFORMED CONSENT FOR WORK CAPACITY TESTS

## **WORK CAPACITY TESTS:**

<b>Arduous Test:</b>	Intended for those involved in arduous duties (lifting more than 50 pounds and occasional
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demand for extraordinarily strenuous activities). The 3-mile test with a 45-pound pack in 45

minutes is strenuous, but no more so than the duties of wildland firefighting.

Moderate Test: Intended for those with moderately strenuous duties (lifting 25 to 50 pounds, and occasionally

demand for moderately strenuous activity). The 2-mile test with a 25-pound pack in 30 minutes is

fairly strenuous, but no more so than field duties.

**Light Test:** Intended for those whose duties involves light work with occasional field activity. The 1-mile walk

in 15 minutes is moderately strenuous, but no more so than the duties assigned.

## **RISKS:**

There is a slight risk of injury (blisters, sore legs, sprained ankle) for those who have not practiced the test. If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of specific training before you take the test. Be certain to warm up and stretch before taking the test, and to cool down after the test. The risk of more serious consequences (e.g. respiratory or heart problems) is diminished by completing the PAR-Q and You physical activity readiness questionnaire.

If you cannot answer NO to all the questions in the PAR-Q health screening questionnaire, or if you are over 40 years of age and unaccustomed to vigorous exercise, you should contact your physician, by phone or in person, before you take the test. Your physician may want to see PAR-Q questionnaire and information about the test or job demands.

## **AGREEMENT:**

- 1) I have read the information on this form and understand the nature, purpose and risks of the jobrelated work capacity test.
- 2) I have completed the PAR-Q physical activity readiness questionnaire.
- 3) I believe I have the ability to carry out the duties of the position (e.g. wildland firefighter).
- 4) I assume responsibility and release the Virginia Department of Forestry from liability for injuries sustained in testing (Reference EEOC #915.002, 5/19/94).

Test To Be Taken (check one):	☐ Arduous Test		☐ Light Test	
APPLICANT NAME (Print)	APPLICANT SIGNATUI	RE	DATE	
WITNESS NAME (Print)	WITNESS SIGNATURE		DATE	